

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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TAKING OF TEMPERATURE.—The Philadelphia *Medical Journal*, quoting from the *Lancet*, says: "Burton-Fanning and Champion present a study of the comparative value of the mouth, the rectum, the urine, the axilla, and the groin for the observation of the temperature. They point out that the time commonly allowed for taking the temperature by the mouth is often too short, and as long as thirty minutes may be required to determine the maximum oral temperature. They also conclude that the interior of the mouth becomes cool under the following conditions: (1) The breathing of air with parted lips, (2) exercise entailing more rapid respiration, and (3) the contact of cold with the outside of the cheeks. When the thermometer is inserted into the rectum the maximum temperature is reached in from one to five minutes. The rectal temperature taken during rest and that taken immediately after any movement are totally different, being higher after any exertion. They also state that the passage of five ounces of urine over the bulb of the thermometer when held close to the meatus urinarius gives a correct reading in the majority of the cases. Occasionally—about once in twenty observations—they found a curious discrepancy between the rectal and urine temperatures which they are unable to explain. The maximum axillary temperature can be obtained in ten minutes in the majority of cases. In some instances the maximum is not reached until after the lapse of from fifteen to fifty minutes, and in children of over an hour. They point out that the rectal temperature is on an average  $0.4^{\circ}$  higher than that of the mouth. The limits of variation between the rectal and oral temperatures were found to be between  $0.8^{\circ}$  and  $0.0^{\circ}$ . In one hundred and fifty comparative observations the average excess of the rectal temperature over that of the urine was  $0.2^{\circ}$ . They consider the urine temperature untrustworthy for observation. Out of two hundred observations of the comparative temperatures of the groin, axilla, and rectum the following average variations were observed: The rectal temperature was  $0.6^{\circ}$  higher than that of the groin and  $0.9^{\circ}$  higher than that of the axilla. They point out that much depends on the observer having the patience to coax the thermometer up to its maximum by allowing it to remain in the axilla or groin sufficiently long. They found that slight exercise will produce an appreciable rise of temperature in the rectum, while with more exertion they have noted a rise of as much as  $3.5^{\circ}$ . The fluctuation of temperature consequent on exercise and repose can only be reliably observed by taking the temperature in the rectum. They also point out that a distinct rise of temperature precedes each menstrual period, the amount of elevation being  $0.5^{\circ}$ , affecting the morning and evening records."

ECZEMA A CUTANEOUS REACTION.—The *Journal of the American Medical Association* in an abstract of an article in *Annales de Dermatologie*, Paris, says: "Brocq maintains that there is no such thing as eczema, but merely eczematous

individuals. In a person of this category any one of a number of causes may induce the cutaneous reaction which we call eczema, while in other persons the same causes will never produce it. These causes may be sunshine, wind, light, dust, contact with certain articles of clothing, dyes, etc., intoxications, auto-intoxication, defective functioning of certain organs, lesions of organs, nervous impressions, worry, or other emotions. The physician, therefore, should seek for the underlying cause. A change of environment may cure the most rebellious case. He has known country people cured by a trip to the city, as well as city people cured by going to the country. The diet and mode of life must be regulated in the first place. The patient must be "washed out,"—that is, put on a strict milk diet, with Vichy water and diuretics, supplemented by a large rectal injection every day or two. If milk cannot be taken, he orders a vegetable and water diet. Freedom from worry and plenty of pure air are important; if possible, he sends the patient to the country or, better still, to the mountains. Under this régime the physician is liable to witness the most intractable eruptions disappear with relative rapidity provided he is content with clean local non-irritating dressings, the parts protected from noxious influences, to enable the skin to repair its lesions with the least possible hinderances. Treatment on these principles will render the secondary exfoliating dermatoses much less frequent and much less severe."

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**STARVATION AS A THERAPEUTIC AGENT.**—Charles Douglas, in the Detroit *Medical Journal*, says that the selection of patients requiring starvation for a time opens up a very wide field, inasmuch as we find them of all ages, and the sicknesses of a wide range in character. When we consider the anorexia usually produced in all febrile diseases, and also the direct range of its intensity with the height of the fever, we see at once how nature follows a common law of lessened necessity for food in all acute febrile disturbances. We should also remember nature's law in those with unhealthy or overworked digestive organs when suffering from acute febrile disturbances. Especially in this latter class it is necessary to apply this starvation regimen, as these patients very commonly suffer from an increased craving for food, rather than the anorexia which should accompany the condition. In other words, the physician should always apply this regimen when he knows that the clinical condition of the patient prevents perfect digestion of the food, and if allowed will add another source of high temperature, and consequently a mixed infection of toxæmia will be the result, with the difficulties of diagnosis and treatment materially increased. The author reports a number of cases illustrating the success of the starvation treatment in nephritis, gastroenteritis, pneumonia, and scarlet fever.

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**CREAM FOR THE HOME MODIFICATION OF MILK.**—Dr. Townsend says in the *Boston Medical and Surgical Journal*:

"1. Centrifugal cream is probably less desirable for infant feeding than gravity cream. As obtained from dealers it is often far from accurate in percentage.

"2. Siphonage for obtaining gravity cream is an accurate method, but one requiring considerable skill to perform accurately and safely.

"3. Dipping off the top milk is an accurate and safe method if reasonable care is used.

"4. The method for obtaining gravity cream by pouring off the top is very

accurate and extremely simple. There is no instrument to be bought and kept clean. By this method it is possible to obtain cream of any desired percentage up to twenty-six per cent.

"5. To insure perfect accuracy, frequent examinations with the Babcock machine are required; but for practical purposes this is not necessary, provided the mixed milk from a well-regulated dairy is obtained."

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**BACKACHE IN WOMEN.**—Fenwick, according to an abstract in the New York *Medical Journal*, states that there are four principal causes for backache in women:

1. Displacement of the uterus, the pain being due to the dragging on the uterine ligaments. The author recommends in many such cases the use of the Hodge or Zwancke pessary.

2. Pressure on the sacral nerves, due to constipation very frequently. In such cases he recommends the following:

R. Ferri phosphatis . . . . .	gr. ii		12
Ext. belladonnae . . . . .	gr. $\frac{1}{4}$		015
Ext. nucis vomice . . . . .	gr. $\frac{1}{4}$		015
Ext. cascara sagradae . . . . .	gr. ii		12
M. Ft. pilula No. 1. Sig.: One such to be taken three times a day after meals.			

3. Muscular atony. The pain is located in lumbar and dorsal regions and found in anaemic individuals with sedentary habits.

4. Affections of the cervix uteri, under which circumstances the treatment is surgical.

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**A PROFESSION, NOT A TRADE.**—The profession spoken of by the Canada *Lancet* in the following extract is that of the physician, yet all that it says is applicable as well to that of the nurse: "The professional man, like others, must live, and must earn a wage. But he has only one quality of service to sell—his best. No matter whether there be any return for that service or not, the service is his best. The true ideal of a profession is that want will be accepted rather than a fee for the performance of some act that is dishonorable, or *unprofessional*. The army takes high place in the list of professions. Ruskin, the great sage, reaches the true reason when he says of the soldier: 'He holds his life at the service of the State. Our estimate of him is on this ultimate fact,—of which we are well assured,—that, put him in a fortress breach, with all the pleasure of the world behind him and only death and his duty in front of him, he will keep his face to the front.' Here, then, we have the real essence that must ever distinguish the professions from the trades—service first, wage second."

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**NOVELTIES IN THE PHYSICAL TREATMENT OF SKIN DISEASES.**—L. Freund says in the Philadelphia *Medical Journal* that diseases like lupus, epithelioma, favus, and syphilis, which were formerly considered almost incurable, have been healed by new radio-therapeutic methods in an incredibly short time without pain and without causing patients the discomfort of bandages, dressings, or long sojourn in bed, necessitated by some of the earlier methods of treatment. Dermatologists have also taken precedence in the other branches of physical therapy, as shown by the wonderful results of the water-bed, the Ehrmann cataphoresis, electrolysis, the therapeutic employment of high and low temperatures, etc. The author reports the results of some of his experiments with Röntgen rays in

epithelioma and lupus. He has also discovered by experimentation that the rays of sunlight, of large wave-length (heat-rays), possess no bactericidal influence. On the other hand, they do exert a favorable influence in some skin affections, as acne vulgaris, leg ulcer, etc.

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**STRAWBERRIES IN SPRUE.**—The Philadelphia *Medical Journal* in an abstract of an article in the *Lancet* says: "Young presents the history of a case of sprue occurring in a woman fifty-nine years of age. He lays particular stress on the treatment and the value of strawberries as an addition to the dietary. It was found that milk diet would alone control the disease, but the patient, when kept on milk alone, declined in strength and vitality. The addition of mashed bread to the milk added to the strength of the patient but was attended by the recurrence of the characteristic movements of sprue. Further addition to the dietary of fish, custard, or arrowroot caused a return of the trouble. A remarkable change in the condition of the patient occurred after the addition to the diet of strawberries, which appeared to have a specific effect on the disease. When strawberries were given the bread could be increased to practically any extent without risk."

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**PREVENTION OF SEASICKNESS.**—The *Journal of the American Medical Association*, quoting from a German exchange, says: "Dornblüth points out that the disagreeable sensations of seasickness, riding in elevators, etc., are connected with the descending motion. He has found that if he takes a deep breath as the descending motion commences, the abdomen is distended and held firm by the diaphragm and no disagreeable sensation is experienced. The measures that have been recommended against seasickness accomplish the purpose, as they comply with these conditions, immobilization of the abdomen during the descending motion. He believes that the resistance to seasickness can be enhanced by taking two or three grammes of sodium bromide every evening for a week before and during the trip, if a long one. He adds that it is very important to take regular meals at the accustomed hours, and that an abdominal bandage may well substitute the corset."

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**OVERTASKING IN SCHOOLS.**—The New York *Medical Journal* says: "We are glad that this subject was taken up at the recent meeting of the American Medical Association in the way of a formal discussion opened by so eminent a neurologist as Dr. F. Savary Pearce, of Philadelphia, and continued by Dr. Hermann H. Hoppe, of Cincinnati, and Dr. William J. Herdman, of Ann Arbor. At the close of the discussion Dr. Herdman introduced certain resolutions calculated to lead to an exhaustive investigation of the subject. Certainly there are few points on which the physician could instruct the public to better advantage than that of forced study on the part of students, not only those who are advanced, but also the little school-children. We believe that Dr. Herdman will be found to have done a great public service in this matter."

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**CORYZA AND HEREDITARY SYPHILIS.**—The *Journal of the American Medical Association* in an abstract of a paper read at the International Congress of Medicine in Madrid says: "Dr. L. Carralero, Madrid, said that the coryza of nurslings was one of the most constant, in the majority of cases the earliest, and at times the only symptom of precocious hereditary syphilis. The diagnosis

presents difficulties when there are no other symptoms, but every case of purulent rhinitis in a nursing was to be regarded as symptomatic of a diathesis of syphilis. The condition is *per se* of serious import, inasmuch as it impairs the act of sucking and also leads to bronchopneumonia and otitis. Treatment is by general antiluetic courses and local measures."

**COFFEE-DRINKING.**—Notwithstanding the scarce advertisements of health-substitutes for coffee (*American Journal of Pharmacy*), there is no cause for apprehending danger to the race at large from coffee-drinking. After generations of almost universal coffee-drinkers, our own times see men of gigantic intellect in all realms of activity, our athletes are able to make sudden bursts of effort equal to any in history, and our soldiers acquit themselves manfully in fatiguing campaigns in torrid climes. The life-insurance companies, constantly warring against all that lessens longevity or conduces to abnormal organs, nerves, and actions, seem content to accept the use of coffee as one of the ordinary elements of every-day life.

**ADRENALIN AS A REMEDY FOR CANCER.**—G. Mahu reports in *La Presse Médicale* two cases of cancer in which this remedy was used. The first patient was a man of sixty-four years, with cancer of the tongue. The second was a man of fifty-two years, with an ulcerated tumor just underneath the epiglottis. Applications of adrenalin to the tumors. A third patient was aged sixty-three years with a large epithelioma of the larynx. All of these patients were in bad condition and already cachetic. The local, and consequently the general, condition were favorably modified by means of a treatment simple and without danger.

**EXPERIMENTS WITH FORMALIN IN BOSTON.**—The *Medical Record* says: "Dr. Hill, of the Boston Health Department laboratory, has recently been testing formalin as a remedy for blood-poisoning, and reports that he has found it to be of no use. Four rabbits were experimented upon, two of which had the bubonic plague and two the glanders. One of each was treated with formalin, and they died before the two that had not been treated at all. The formalin did not destroy the germs, but became absorbed in the tissues, and injured them more than the organisms which it was intended to attack."

**THE ANTIQUITY OF CASTOR-OIL IN MEDICINE.**—This household remedy—matchless as a laxative under many circumstances—seems not to have been overlooked in remote antiquity. Victor Loret, of Lyons (*Revue de médecine*, August, 1902; *Münchener medicinische Wochenschrift*, November 25), reminds us that in the time of Herodotus, five hundred years before the Christian era, the plant was industriously cultivated in Egypt, and that Strabo mentions the use of the oil by inunction as common among the lower classes of the Egyptians.

**IS THE GALL-BLADDER AS USELESS AS IT IS DANGEROUS?**—The *Medical Record* has a paper with this title by Dr. Woods Hutchinson. The gall-bladder is absent in some animals, as the horse and the deer. He considers it a functionless organ, inadequate in size to act as a reservoir for bile and chiefly notable as a settling basin for the formation of gall-stones. Dr. Roswell Park has asked, "Why not treat the gall-bladder as we do the appendix?" and has removed it when found to be diseased without injury to the patient.

**THE GERM OF SMALLPOX.**—The New York *Medical Journal* says of Dr. Councilman's investigations of the germ of smallpox that he has done a distinct service, though he may only have extended the path that is ultimately to lead to an exact knowledge of the subject. Certain minute parasites have been found to be present in the pock and in the tissues surrounding it. Dr. Councilman believes that these are the germs of smallpox.

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**THE WORLD'S DEATH-RATE.**—The death-rate of the globe is estimated at 68 a second, 97,920 a day, or 35,740,800 a year. The birth-rate is 70 a second, 100,800 a day, or 36,792,000 a year, reckoning the year to be three hundred and sixty-five days in length.

**MEDICAL COMMENTS UPON THE ILLINOIS NURSES' BILL VETO.**—The *Journal of the American Medical Association* says: "Among the Governor's vetoes which have been announced is one by Governor Yates, of Illinois, who has vetoed the trained nurses' registration bill simply, as it appears, on the ground that the Examining Board was to be appointed from names selected by the Illinois State Medical Society. The Governor objects to this as taking from the Executive his prerogative, and, we might add, political perquisites. Why otherwise he should object to the assistance of a qualified organization in the selection of persons for a purely professional function is a little difficult to see from our point of view, though probably clear enough from his."

*American Medicine* says: "As indicative of the power of 'politics' in some States we recently called attention to the veto of the medical practice act by the Governor of Colorado. That is also noteworthy of the Governor of Illinois of the act regulating 'the examination of those who desire to practise any other system of treating human ailments who do not use medicines internally or externally and who do not practise operative surgery.' Both the concoeters of this legislative nonsense and their vetoing Governor seem to think that only drugs are 'medicines' and that manipulations, massage, etc. (as, e.g., in setting a dislocated hip-joint), are not 'operative surgery.' Under the old law the osteopaths were enabled to practise their 'system of healing' in Illinois, as, according to the Governor, three hundred and fifty are now doing. Consequently the discriminating Chief Executive says: 'No hardship is imposed upon this class of practitioners and they are deprived of no legitimate privileges.' The inference is plain that had such hardship been desired, even by the osteos themselves, the befriending Governor would have interposed to save them from themselves. His especial objection to the bill, however, is that it would have 'subordinated the entire machinery of the State government to societies.' National Guardsmen should not control admission to the National Guard; the State bar, the pharmacists, the teachers, etc., should not prescribe the conditions as to those desiring to practise law, pharmacy, or school teaching. That is to say, those knowing nothing of a subject should make laws for and govern those who do. In the same way, the logical conclusion must be that those who know nothing about statesmanship and government should be legislators and governors! The sting is in the tail: 'I am far from any intention of casting any aspersions upon the practice of osteopathy, or the practitioners thereof. I believe those who pursue this practice are doing great good, and are rapidly earning, and justly earning, the confidence of the people.' He should have added that some democracies are slowly learning, 'and justly learning,' lack of confidence in their Governors."